The Official Journal of the Queen's Institute of District Nursing

District Nursing

57 Lower Belgrave Street, London, S.W.1. *Telephone SLOane 0355-9*

JULY 1960 No. 4 Vol. 3

INDUSTRIAL REHABILITATION
A survey of the agencies available to help with rehabilitation
by Margaret Illing and B. W. Slaney 76

ON THE HEALTH FRONT
News of the latest developments in health and welfare 78

DISEASES OF THE CHEST
Tuberculosis . . . Chronic Bronchitis . . . Carcinoma of the Lung . . . Asthma
by Geoffrey O. A. Briggs 79

DISTRICT NURSING DAY 80

FROM BLACK LEAD TO BOTTLING
All in the Day's Work No. 13—Housekeeper in a District Nurses' Home 81

MELBOURNE 1961
The International Council of Nurses Congress 82

PRESENT TRENDS AND DEVELOPMENTS IN THE SCHOOL HEALTH SERVICE
by Charles Huss 83

NO LITTER
left in gardens open under The National Gardens Scheme 85

QUEENS' ROLL EXAMINATION
Notes by the Institute's Deputy Education Officer 87

QUEEN'S ROLL EXAMINATION PASS LIST 89

NURSES IN THE NEWS
Personnel changes; District Nurse is Mayor 93

EDITORIAL

"ONE of the most difficult things a student district nurse has to learn to do is how to get a patient off the books." Miss Joan Gray, general superintendent of the Institute, made this point when she addressed a meeting at Cheltenham last month.

Miss Gray was thinking not only of those who regard the district nurses' visit as a social event, but also of those who fear they cannot do without her. Many patients show a curious reluctance to leave the restricted but admittedly cushioned state of convalescence, and return to their normal place in the world. They seem content, indeed anxious, to remain on the fringe of life, set apart from their fellow men by reason of the results of an illness or accident which they will not strive to overcome.

Others take the opposite view and try to run before they can walk. They think that once they are allowed out of bed they can return to all their normal activities.

Both types of patient present difficulties when the question of rehabilitation arises. There are two inter-related but distinct aspects on this complex operation—the physical and the mental. The district nurse needs a thorough knowledge of the first in order to understand and explain a patient's treatment, but she is usually equally concerned with both. Her rehabilitative work starts on her first visit. Her approach and attitude to illness or injury have great influence on the outlook of the patient and his family, and consequently on the course of the patient's progress.

Today the emphasis, medically and from the view of the national economy, is on speedy rehabilitation instead of prolonged convalescence; and in our pages this month you will find the first of two articles on the subject. This is a comprehensive survey of the various agencies and establishments, voluntary and statutory, which exist to promote rehabilitation. Next month we plan to bring you the results of a group project undertaken by student district nurses. Approaching the subject from a different angle, their study was based on the needs of people in particular age groups.

Published for the Queen's Institute of District Nursing by Queen's Nurses' Magazine Limited, 57 Lower Belgrave Street, London S.W.1.
Subscription rates: 24s 0d a year. Advertising agents: S. & H. Fretwell Limited, 92 Fleet Street, London E.C.4. Telephone FLEet 5587-8

A comprehensive survey of statutory and voluntary societies and establishments which undertake rehabilitation work

Industrial Rehabilitation

by **MARGARET ILLING**, S.R.N., S.C.M., Q.N., H.V. *and* D.N. *Tutor Certs.*
and **B. M. SLANEY**, S.R.N., D.N. (*Lond.*), O.H.N.C.
Tutors in the Education Department, Royal College of Nursing

THE term rehabilitation signifies the whole process of restoring a disabled person to a condition in which he is able to resume a normal life as soon as possible.

As in many British institutions some of the earlier efforts in rehabilitation were made by voluntary societies. One of these is the now famous Corps of Commissionaires, formed at the end of the Crimean war to help the men who had been disabled to find employment.

In the latter half of the nineteenth century other organisations were formed to help the blind, the deaf and the crippled. The Lord Roberts Workshops was a scheme started to help the disabled servicemen after the Boer war. Hospitals and colleges were established to provide treatment and vocational training for crippled children.

Interest in rehabilitation was furthered by the work of Dame Agnes Hunt and Sir Robert Jones just prior to and during the first world war, particularly by the establishment of rehabilitation centres in the military orthopaedic hospitals.

As there were so many men disabled at the end of the war who could not return to their former jobs, government instructional factories were set up in 1917 by the Ministry of Pensions. In 1919 these became the responsibility of the Ministry of Labour and they have now become the modern government training centres. Also during the first world war, in 1915, the Papworth Village Settlement was founded by Sir Pendril Varrier-Jones to help re-establish people suffering from tuberculosis. In 1919, again to help the war disabled, the King's national roll scheme was introduced to encourage employers to employ a quota of ex-servicemen.

Between the two world wars when even many able bodied men were unemployed, rehabilitation of the handicapped and disabled became a secondary consideration, although some notable work was done by Dame Georgiana Buller in the establishment of Queen Elizabeth's Training College for the Disabled at Leatherhead and St. Loyes College at Exeter.

However, the second world war made it imperative that the handicapped and disabled should be employed to the fullest extent, and interest and progress in rehabilitation again arose. After various interim schemes had been used, the Disabled Persons (Employment) Act 1944 was passed. The main provisions of the Act stated that a register of disabled persons should be set up and that a three per cent quota of disabled persons should be employed by every employer of over twenty persons.

The pattern of social legislation which evolved after the second world war through such Acts as the National Health Service Act and the National Insurance Acts provided a base for the present rehabilitation services.

Let us then try to trace what may happen to a man who is injured at work. Regrettably, very much still depends on the factory where he is employed and the area in which he lives. We will suppose that the man catches his hand in a machine and severs the fingers. The first step in rehabilitation will be the action of the factory first aider in controlling the haemorrhage and treating the shock and speedily sending the patient to hospital. In factories where doctors and nurses are employed morphia may be given and, by the use of the works ambulance, treatment may be expedited, but the basic principle remains the same. Immediate treatment will be given at hospital under the national health service.

Sitting About

What happens then? The patient may return home to sit about until told to return to the hospital in *x* number of days when the wound is inspected, and he goes home again to wait until another week has passed and so on.

On the other side he may be referred to an active residential rehabilitation centre such as Farnham Park, near Slough. Here, with his hand still bandaged and probably encased in plaster, he will start to work actively to get back to normality. A team of doctors, nurses, physiotherapists, remedial gymnasts and occupational therapists are concerned with what can be done with the hand that is left and how it can still be used.

Alternatively, if his home is near, he may attend as a daily patient, and there are a few units such as the rehabilitation centre in Camden Road, London, where all patients attend daily. If the hand is completely maimed by the accident and an artificial limb is required, this will be arranged. All this can take place under the aegis of the national health service.

Alternatively, the man may be referred from hospital to a Ministry of Labour rehabilitation unit where very similar work is done. There are fourteen of these units over the country and the addresses can be easily found.*

The aims of these rehabilitation units are to restore confidence in ability to work, to give a thorough physical examination, to assess capability for work and to advise if a change of job is required. The aims become particularly important if the man has been away from work

**Hospital Year Book*.

for a long time. If a change of job is required, vocational training will be arranged at a government training centre. The disablement resettlement officer (the D.R.O.) is the official who co-ordinates all this work.

Private enterprise in industry has also made a contribution to the rehabilitation of the disabled. An example of this may be seen at Vauxhall Motors of Luton where a whole workshop is given over to rehabilitation. As in the other centres, machines have adjustments made to them so that exercise under controlled conditions goes on all the time that the man is at work and thus full function is restored as speedily as possible. The surgeon at the Luton and Dunstable hospital often visits the factory to see the man at work and consult with the factory rehabilitation team. It would not be economic to run such a workshop for a very small factory, where the problem of rehabilitation is often most acute.

The general practitioner, with the best will in the world, may say "Oh yes, go back to work on a light job". The employer may heartily wish to co-operate, but what can be done? It is not good to have a man moving a badly injured hand without constant, careful, experienced supervision. Too often his "rehabilitation" then degenerates into "pushing a broom round the floor", in which case he would probably be happier at home.

How could you, for instance, be rehabilitated in district nursing with a severely injured hand or (more common to nurses) an injured back? The problem is not an easy one and one feels that more active rehabilitation centres are required.

Welfare services for the disabled may also be available through the local authority services. Under the National Assistance Act 1948, county and county borough councils are empowered to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, and others who are substantially and permanently handicapped by illness, injury or congenital deformity.

The local authority, therefore, may cater for the social and occupational needs of the disabled in the employment field; in this category sheltered employment may be provided and this should be made to co-ordinate with the work of the Ministry of Labour, mentioned later.

Sheltered Workshops

Occupational and social centres may be set up for the mentally handicapped, and occupations for those who can work at home may be organised. One of the greater difficulties in these circumstances is to make the occupation offered worthwhile in itself. Some local authorities have persuaded local industries to consider handing simple work to these afflicted people. This makes the disabled person realise that his work is important to industrial production and is thus an encouragement to him. On the other hand, delays in delivery of the finished products may cause financial loss to the industrial organisation concerned and markets thus lost are not easily regained. Therefore, whatever the work which is produced under sheltered conditions, a sound marketing organization is required.

Approved voluntary organisations have also set up sheltered workshops; the famous workshops for the blind come into this category.

In 1945 the Ministry of Labour set up a company under the Disabled Persons (Employment) Act 1944. This company, now known as Remploy Limited, is to provide remunerative employment under special conditions for the severely disabled. Its aim is to produce goods for sale in the ordinary market and to be as self supporting as possible.

Undert he Act also forms of employment were to be designated as "classes of employment appearing to afford specially suitable opportunities for the employment of disabled persons." Only two jobs have so far been designated, that is, passenger electric lift attendants and car park attendants.

Training and Studies for the Young

The young disabled person after school age may be helped through the Education Act, 1944, and Part II of the Employment and Training Act, 1948, under the organisation of the youth employment bureau. Facilities for vocational training may thus be found. University students who contract tuberculosis may continue their studies and receive treatment in the hospital student units at Pinewood. The village settlements for the tuberculous have already been mentioned.

The paraplegic patient may receive special care in such units as the one at Stoke Mandeville Hospital and, after hospital discharge, may be given accommodation such as at Kytes near Watford. Certain special units have been created for the epileptic patient.

The rehabilitation of the patient who has had mental illness may present even greater problems than the rehabilitation of the patient after a physical illness. The neurosis unit at Roffey Park, near Horsham in Sussex, was set up before the last war by a number of industires to tackle just this problem. It has since been taken over by the national health service.

A unit for the rehabilitation of the psychiatric patient has been running for about eight years at the Henderson Hospital in Surrey, and it is notable that now group therapy of a similar kind is being introduced to selected groups in the prisons. With the implementation of the Mental Health Act, rehabilitation after mental illness will become increasingly important. In many cases the person may be employed in ordinary industry by day but may still need support in his domestic situation, by means of hostel care or a mental health visiting service.

In this brief overall picture of rehabilitation, it will be seen that a great many organisations exist to help the disabled. A great many more have not been mentioned.

The British Council for Rehabilitation was set up in 1944, supported by voluntary contribution, as an educational and research body. But its work in arranging conferences, giving advice and information, it fulfils a real need in co-ordinating the work of the many people engaged in rehabilitation.

ON THE HEALTH FRONT

SHOES AND YOUR FEET

A NEW colour filmstrip entitled *Shoes and Your Feet* has been produced for Dolcis by Diana Wyllie in co-operation with the National Committee for Visual Aids in Education.

The filmstrip is intended for use in physical and health education and domestic science classes for girls from thirteen years upwards. It aims at giving some knowledge of the foot and an awareness of the respect with which it should be treated. It advises on foot hygiene, including some common foot troubles and their prevention, and on the importance of wise selection and careful fitting of shoes for teen-age girls.

The twenty-nine frames, with full teaching notes, are available as follows: single frame (24 mm × 18 mm) price 27*s.* 6*d.*, double frame (35 mm × 24 mm) price 37*s.* 6*d.*, from Diana Wyllie Ltd., 3 Park Road, Baker Street, London N.W.1.

MONEY MATTERS

N.M.C. circular no. 91 sets out new rates of pay for part-time domiciliary nursing and midwifery staff employed by local authorities.

The circular covers sessional rates for health visitors, school nurses, and tuberculosis visitors (England and Wales) and tuberculosis domiciliary nurses (Scotland); hourly rates for district nurses, midwives, etc. (including assistant nurses); and rates for twelve-hour spans of duty for relief domiciliary nurses and midwives employed not more than ninety-six hours a fortnight.

FOR YOUR CARDIAC PATIENTS

THE Cardiac Fellowship was started last autumn by The Chest and Heart Association, in response to demands from patients. It now has over five hundred members and would be glad to welcome more. Details may be obtained from The Chest and Heart Association, Tavistock House North, Tavistock Square, London W.C.1.

The Association has recently brought out the first issue of the *Cardiac News Letter*, which is being sent to all members of the Fellowship. A copy will be sent to any district nurse who cares to write for one.

TERRY *VERSUS* CELLULOSE

IT takes 5,475 nappy washes to make a toddler, according to the makers of one disposable nappy. The Consumer Advisory Council has examined the disposable alternatives: ready-made pads and rolls of cellulose wadding.

Its report in *Shopper's Guide*, of practical trials on a baby shows that disposable pads scored on convenience but were less efficient than terry nappies. In particular, they all tended to disintegrate when wet except one brand of net-covered pads. Cellulose wadding, which some mothers use for nappies, was cheaper than ready-made pads but it tended to disintegrate even more.

Cost comparisons proved that undoubtedly terry nappies, washed at home, are the cheapest route to a toddler; but, in price, there was little to choose between different ways of avoiding the nappy-washing chore—launderette, commercial nappy service and disposables.

WATER SAFETY — AWAY...

A NATION-WIDE campaign during the next three months will give publicity to a new booklet *Water Safety Code*, in an endeavour to prevent the usual spate of holiday drowning deaths. The campaign, launched by the Royal Society for the Prevention of Accidents, is being supported by many local authorities.

The *Water Safety Code* (price 6*d.*) contains general precautions and rules for all sea and river users, with special sections for non-swimmers, novices in small boats, dangers in the home, and a mention of life-saving and artificial respiration methods.

...AND AT HOME

A MIDDLESEX engineer has invented a device for holding a baby secure in the bath, leaving his mother free to use both hands to soap him or to slip out of the room if she needs to.

The Baby Anka is in the form of a chair with a plastic seat, and is secured to the bottom of the bath by four rubber suckers. A plastic strap goes round the baby and is fastened behind the back-rest. The makers say that although the baby is held securely upright, he can bend forward and sideways, kick his feet and play with complete freedom. Price 22*s.* 11*d.*

ABOUT CHILDREN

THE Nursery School Association of Great Britain and Northern Ireland issues a very useful series of leaflets "About Children." Titles include *Mealtimes*, *Father and the Family*, *The Child in Bed*, and *Indoor Play on a Rainy Day*.

A complete list of publications may be obtained from the Association's headquarters at 1 Park Crescent, Portland Place, London W.1.

COAL

LOCAL authorities and those who have a voice in local affairs have a section to themselves in a new booklet entitled *The Case for Coal* issued by the National Coal Board to local authorities and hospital management committees as well as to industrialists and commercial users. One page is devoted to the Clean Air Act and smokeless fuels are mentioned.

From a lecture given at a refresher course for district nurses arranged by the Queen's Institute at Nottingham University

Diseases of the Chest

by **GEOFFREY O. A. BRIGGS,** M.A., M.R.C.P., M.R.C.S., D.P.H.
Physician Superintendent, Newstead Hospital, Nottinghamshire

TUBERCULOSIS

TUBERCULOSIS is still the most important of the diseases of the chest. Although many people regard this disease as finished, the notifications are still more than half what they were ten years ago. The steady fall in the disease is most heartening, but unremitting effort will be needed for many years to come. The greatest improvement has occurred in young people. Several factors in the past decade have helped to bring this about, such as the improved health services—chest clinics, chest physicians and health visitors, X-ray, B.C.G. vaccination—and improved housing. The disease is now chiefly found in the middle-aged and elderly, particularly in men. Contrary to what might have been expected, this has made no difference to the treatability of the disease, and patients aged eighty or over are now recovering from pulmonary tuberculosis.

As people have gained more knowledge of tuberculosis and realised how successfully it can be treated, the fear of the disease has waned and patients have become more ready to take advantage of the good diagnostic facilities provided by chest clinics, mass X-ray sets and general hospitals. Many patients seek advice early in the disease and are treatable while the disease is mild.

Some of these can be treated whilst still remaining at work, thus diminishing the need for hospital beds, which in any case is much reduced by the steady fall in the incidence of disease and the marked speeding up of treatment. This treatment now consists of prolonged chemotherapy, plus rest in bed for a few months (where necessary).

Two Years' Chemotherapy

The drugs usually used are the well tried trio of streptomycin, isoniazid and P.A.S. (para-amino-salicylic acid). The usual procedure is to give all three at first, stopping streptomycin after the disease has been got and kept under control. Isoniazid and P.A.S. are then kept up till the total duration of chemotherapy is at least two years, more severe cases having appreciably longer chemotherapy, which sometimes exceeds five years. And it may even be necessary occasionally to keep up chemotherapy indefinitely.

Where the usual chemotherapy cannot be used because the bacteria are drug resistant, the reserve drugs of cycloserine, pyrazinamide and viomycin are used, though all these are less efficient. Surgery is still employed for a few cases.

The advance in treating tuberculosis must not make us forget that we also have a useful preventive weapon: B.C.G. vaccination. Some authorities feel that as the vaccine is chiefly given to the young, in whom there is now very little tuberculosis, the number of cases of disease prevented by vaccination is a diminishing figure, and B.C.G. should be abandoned. In view of the possibility of resistant strains of tubercle bacilli multiplying, this is surely short-sighted, and the gradual increase of a population of artificially immunized adults should be encouraged so that the outlook for controlling the disease may be hopeful whatever the state of bacterial sensitivity may be.

CHRONIC BRONCHITIS

The prevalence of this disease in Britain and its much lower incidence in drier countries, incriminates our climate as a major factor in causation. But since most people are unable to change their domicile by the time they have developed this disease, nothing can be done about it. Another factor, however, air pollution, can and should be improved. In the past the air may have been worse, but disease was accepted with more resignation and a great many people died young enough to escape this complaint. Now, with the realization that medical treatment is so much more efficient than hitherto and with the ageing of the population, there are more people acquiring chronic bronchitis,and, having done so, anxious for treatment.

In the preventive field it would therefore be a fine thing if we could achieve results in cleaning up the air we breathe, comparable to those obtained by our predecessors in improving the water we drink and the houses we live in.

As regards dealing with the disease, though radical treatment is lacking, much can be done by means of antibiotics and antispasmodics. It has been suggested that sufferers from this complaint should take one of the antibiotics in half dose continuously throughout the winter. Besides being expensive, this would probably cause much drug resistance, and a better system would be the employment of an antibiotic such as penicillin or one of the broad spectrum drugs, accompanied by an antispasmodic such as choledyl, ephedrine or isoprenaline (given orally, or in some cases by inhalation) at the first evidence of the slightest trouble.

If necessary the patient should retire to a warm room early in the complaint, and not try to fight the disease at work if he is obviously losing the battle. The aim should

be to try to keep the disease from gradually extending its hold and increasing permanent damage, with resultant emphysema and cor pulmonale, and the production of a mere cardio-respiratory cripple.

CARCINOMA OF THE LUNG

This disease has been gradually increasing for some years, especially among men. There seems little doubt that excessive smoking, especially of cigarettes, increases the liability to develop carcinoma of the lung. There must be other causes also, since some non-smokers are affected, and atmospheric pollution has been thought the most probable other factor. Hence the occurrence of this complaint in both sexes and at all ages, but with a specially high incidence in middle-aged and elderly males with many years of heavy smoking behind them. It would certainly be wise for young people of both sexes to refrain from heavy cigarette smoking and to keep up this abstinence as they grow older. But until the evidence, which is merely statistical, becomes more convincing, there is no chance of this happening, and the present incidence of the disease may well get worse.

Although early diagnosis is obviously most desirable in order to find the disease at a still treatable stage, it is unfortunately true that most of the younger patients are too far advanced for the only efficient treatment, which is surgery; while many of the older patients are unfit to stand the extensive resection necessary to eradicate the disease. As a result, surgery, though producing a few brilliant results, is unable to halt the disease in most cases.

Palliative treatment by radiotherapy or nitrogen mustard will temporarily help, but the majority of patients are unfortunately doomed to an early death, and it would appear that only the discovery of some efficient chemotherapy, comparable in effect with drugs such as penicillin in the bacterial diseases, can change the picture.

ASTHMA

This complaint is taken more seriously than hitherto. It is now realized that patients with asthma can die as a direct result of it, though fortunately only a very small proportion of the total do so.

Despite elimination, where possible, of allergic infections and psychological factors predisposing to attacks; and despite the regular use of antispasmodics (often combined with barbiturates) to minimise the chance of attacks developing, they still can occur. When this happens simple treatment like the administration of adrenalin may suffice. But some patients develop status asthmaticus and may be in serious danger. Fortunately, treatment for this has improved and intravenous cortisone, oral prednisolone, or intravenous aminophylline are usually sufficient to deal with the attack.

District Nursing Day ***Tuesday 19th July***

ONLY NINE DAYS TO GO

Reproduced by courtesy of the News Chronicle

We're not suggesting that people are going to try to ford the Thames beneath London or even Putney Bridge in an attempt to avoid flag-sellers—in any case, once they realise what this "day" is in aid of, we are sure they will be very willing to contribute. But organisers of other District Nursing Days outside London may like to warn their sellers to look below them, as well as around!

HAVE you volunteered to sell flags an District Nursing Day? Can you spare on hour? Or two hours? Or even more?

Flag sellers are still urgently needed to help at the following depots in the London area:

Oxford Street Fulham Kensington Chelsea
Charing Cross Holborn Earls Court
Lombard Street Waterloo Stepney Islington
Putney Bermondsey Clapham Common
Paddington (Station and Marks & Spencer)
Hackney Regent Street Camberwell
Victoria (Station, Chapel Street, Victoria Street, Millbank)
Southwark Ruislip West Halkin Street
Piccadilly Charlton & Blackheath
Stoke Newington Muswell Hill Woolwich
Marylebone (Station and Edgware Road)
Brixton Kilburn Shoreditch & Bethnal Green

If you can help, write to 57 Lower Belgrave Street, London, S.W.1, or telephone SLOane 0355 and ask for the centenary appeal organiser or for the editor, who will pass on your name and address.

From Black Lead to Bottling

by **L. E. BURBRIDGE**

Even in the larger towns, many nurses today are non-resident. But in the past, when all staff lived in, the district nursing service could not have functioned efficiently without those who worked behind the scenes. Nor could the district nurse training home of today. We are glad to include this short article in our All in the Day's Work series in acknowledgement of the part played by all domestic staff and other "back room boys".

I WAS employed in Queen's nurses' homes for 37 years. A description of a typical day at the end of my service would differ greatly from one in the early days, mainly, of course, in regard to the number of working hours.

In 1931 I began work in a Queens' nurses' home in a large industrial area, as a cook-housekeeper with a domestic staff of three. The home consisted of twelve bedrooms (increased to 24 when it was rebuilt), a large sitting room, dining room, large kitchen and scullery, matron's sitting room and office and a large hall.

My day started at 6.30 a.m. with attention to the kitchen stove which had to be cleaned with black lead. I then prepared breakfast for about 19 or 20 nurses.

After clearing the dining room and washing up, I helped with the cleaning of some of the rooms and supervised others, and then turned my attention to preparing and cooking the midday meal. At the various homes I worked in, this was always the main meal of the day. Naturally, we could not provide dishes to suit nurses' fads and fancies, but if a nurse was really unable to eat a particular dish, we provided an alternative.

There was no break during the day; I had one half day off a week, and no weekends. My wage was £30 annually.

Cake-making was a regular job, as too was jam and marmalade making in season. On an average I made 400 lb. of marmalade: 200 lb. for use in the home, and 200 lb. for sale to raise funds.

A pound day and sale of work were held once a year and whist drives, with refreshments, were held regularly. These helped to raise funds but resulted, of course, in extra work for me and the domestic staff.

Keeping Supper Hot

Supper should have been at 7.30 p.m. but was often not until 8 or 8.30 p.m. if the nurses were busy. I did my best to keep it hot, without drying it up—not an easy job in a fire oven. We had no gas cooker.

My working day officially ended at 9 p.m. but at spring-cleaning time or on special occasions, it was much later.

The increase in wages and the reduction in working hours which began about 1945, when I went to another nurses' home also in the north, was a mixed blessing. The staff did not show the same interest in the work nor feel the same excitement about being awarded a "rise" by the Superintendent or earning her praise. From that time "rises" were given whether merited or not.

The day then started at 7 a.m. and I had an Assistant cook and a domestic staff of five though the number of resident nurses was still 19 or 20, and the home was the same size. Some of the domestic staff were non-resident but all started at 7 a.m.

By this time my duties were confined to cooking, but this now included extensive fruit bottling which became a necessity during the war. I had every other afternoon and every other evening off, one day a week and a week end every month.

Wartime Difficulties

Obtaining staff during the war years presented a problem, and I had to try to train mentally deficients and girls from remand homes. These were a source of much worry and anxiety, and some of their histories were tragic. One particular girl often threatened to strike me, but she was an exception. Training them took up a good deal of time. One mentally deficient girl, after I had patiently tried to teach her something, would turn on me and say "Why can't you do it?".

The last nurses' home I was in was a smaller one in a large county area near London. There were never more than ten resident nurses but a number of non-residents came in for dinner. Here I had one full-time domestic helper and one part-time.

My pleasant duties, more on the social side, have included opening the door to members of the committee, seeing that the superintendent was well brushed before she went out and having the dogs' leads ready for their daily walk.

This last duty reminds me of an amusing incident. The superintendent was given a puppy which we christened "Terry". Although there were a number of midwives on the staff it fell to me to inform them all that the puppy should have been christened "Theresa" and not "Terry"!

There has been very little time for outside interests but I have found great satisfaction listening to the nurses' troubles and joys and, quite often, giving my advice on a particular problem before they approached the superintendent.

Now that I have retired from active service, I am kept busy looking after "my" superintendent and her labrador. I keep in touch by returning to the nurses' home for relief duty from time to time.

Melbourne 1961

"WISDOM and guidance through professional organisation" is to be the theme of the twelfth quadrennial congress of the International Council of Nurses to be held at the Exhibition Buildings, Melbourne, from 17th to 22nd April 1961.

Under the congress theme, subjects, which will include various aspects of nursing, will be discussed in plenary session, and in smaller discussion groups; there will also be a panel discussion by means of which the work and responsibilities of the I.C.N. will be presented and described to congress participants.

The languages of the congress will be English and Spanish, and simultaneous interpretation will be provided.

Applications to Attend

The congress is open to all registered nurses who are members of National Nurses' Associations which are affiliated to the I.C.N.; and to registered nurses in countries which have National Associate Status with the I.C.N.

Registration

The registration fee for attendance at the congress is £5 (five pounds sterling), or its equivalent.

Application Forms

Nurses planning to attend the congress should apply for application forms to the headquarters of their own National Nurses' Associations (or in countries which have National Associate Status, to their National Associate Representative).

Accommodation

It is earnestly requested that those planning to attend the Congress should not apply directly to hotels in Melbourne for accommodation, but should indicate on their application forms the type and price of accommodation required. Prices range from £4 5*s*. per day (Australian pounds) for single room with private bath (bed and breakfast only); to £2 per day, without private bath (bed and breakfast). There will also be some accommodation available in nurses' residences of hospitals, and in private homes; and this also can be requested when completing the application form. (N.B. The Australian pound is equivalent to 16 shillings sterling, or U.S. dollars 2.24).

Exhibition

A professional and commercial Exhibition will be held in conjunction with the congress, and information concerning this can be requested from the Royal Australian Nursing Federation. The Queen's Institute will be taking part in the exhibition.

I.C.N. Grand Council

Following the opening session of the congress on Monday morning, April 17th, 1961, the I.C.N. Grand Council will meet in formal session on Monday afternoon, April 17th, and on Tuesday and Wednesday, April 18th and 19th. All congress participants will be able to attend as observers the meetings of the Grand Council.

Professional Visits

Intending congress participants should indicate on their application forms the visit or visits they wish to pay in Melbourne, in order of preference. These visits may include general, midwifery and specialised hospitals and/or institutions, public health services, and nursing schools.

Excursions

Half-day or whole-day excursions, available from Melbourne, which can be undertaken prior to or following the congress, are listed on the application forms. These excursions include a tour of the city, or visits to country towns and rural areas within reach of Melbourne.

Social Events

Social events during the congress week will include an evening reception for members of the grand Council; a buffet banquet for all congress participants, and an evening entertainment for student nurse participants, arranged by student nurses of the hostess country.

New member Associations, elected by the Grand Council into membership with the I.C.N., will be formally accepted in a Special Ceremony of Admission.

Student Nurses

Student nurses planning to attend the Congress must be sponsored by National Nurses' Associations; and their Application Forms and registration fees should be submitted, together with those of graduate nurse participants, to the Royal Australian Nursing Federation by *November 1st*, 1960.

FIRST VISIT TO WALES

THE first meeting of the Joint Sub-Committee of Counties and County Boroughs to be held in Wales, took place at Rhyl on 27th May. The occasion was marked by a civic reception and tea given by the chairman of the Rhyl Urban District Council after the meeting.

The joint sub-committee is the most widely representative committee of the Institute, being made up of members of the nine area federations which in turn consist of representatives of all members and affiliates of the Queen's Institute. The hosts on this occasion were the Welsh Federation.

Under the chairmanship of Dr. T. M. Clayton, medical officer of health for Coventry, members considered a variety of subjects including district nurse training, overseas work and educational activities of the Institute.

The committee was glad to welcome as guests the chairman, vice-chairman and group secretary of Clwyd and Deeside Hospital Management Committee, matrons of local hospitals and representatives of the district nursing service in Flintshire.

Present Trends and Developments in the School Health Service

by **CHARLES HUSS** M.R.C.S., L.R.C.P., M.B., B.S., D.P.H.,
Ministry of Education (Special Services Branch)

THE Education (Administrative Provisions) Act, 1907, made it a duty to provide for the medical examination of children in public elementary schools. This decision to organise a school medical service on a national basis followed the recommendations made in the reports of three commissions or committees which had been set up early in the century to study ill-health and physical disability in the population. So the school medical service, which was renamed the school health service in 1945, started officially in 1908.

Periodic medical inspection is essential in the early days of any school medical service. In this country education is compulsory from the age of five to fifteen years and it is important that the health of the school child is such that he is able to take full advantage of the education provided.

There are three statutory examinations during the pupil's compulsory school life; when he starts school, at age eleven when he transfers from primary to secondary school and when he leaves. In addition many local education authorities also carry out an examination of eight year olds. Arrangements are made to give appropriate treatment for defects found. The early records of the service show an amazing number and variety of defects found. The school children of today differ in many respects from those of fifty years ago. The rate of growth and development has changed and the whole pattern of disease in childhood has altered.

Symptoms Replace Signs

Fifty years ago the diagnosis of most of the defects found at routine inspections was based on physical signs. Clinical tuberculosis and rheumatic heart disease were often found. Today the pathological conditions which depend mainly on physical signs for their detection have largely given place to others in which symptoms are of major importance: minor degrees of ill-health, educational problems, behaviour problems and various manifestations of psychosomatic disease.

If symptoms are more important now than signs, are three examinations carried out during a child's school life the best means of detecting and treating defects? Should not more attention be paid to the preventive aspect of school health work? Is periodic medical inspection, as at present practised, obsolete?

As long ago as 1935, routine inspection had been strongly criticised by leading school medical officers. In 1953, the Minister of Education in regulations on the school health service, approved alternative arrangements for the periodic inspection. Very few authorities have as yet taken advantage of this freedom. Too many school medical officers are so wedded to the principles of the routine inspection that some would even wish to increase the number.

Several school medical officers have carried out surveys which indicate that provided vision testing and audiometry are done, and effective routine examination of entrants has been carried out, routine inspection of intermediate age groups brings to light a comparatively small number of defects, and that these could have been detected by a less time-consuming procedure than the periodical medical inspection.

Some supporters of periodic medical inspection claim that it provides an excellent opportunity for the practice of health education. Time is usually too limited and many parents do not attend with the child. It really is not the right place for health education.

Spacing Examinations

It is generally agreed that the entrants' and the leavers' examinations should continue but that it would be best to omit the intermediate examinations.

Some local education authorities are already trying alternatives to the intermediate examinations. Conferences between head teacher, school medical officer and school nurse should take place at least once a term. Form 10M should be examined and all children found to have defects as entrants should be listed for examination. More attention should be paid to follow-up. The attendance register should be examined and the names of all children who have had repeated absences should be listed for examination and enquiry. The head teacher should be asked to report those children failing in school work, those with behaviour problems, and those giving class teachers any cause for anxiety. School medical officers should meet the class teachers, as they are the people who have direct contact with the children. School medical officers should observe children both in class and at play; watch physical education lessons, discuss any postural defects with the teachers of physical education and arrange for examination when necessary.

In this way a list of children for inspection will be obtained. Sessions for examination, which parents will be invited to attend, can then be arranged. The school medical officers should aim at making a general appraisal of the child, instead of looking only for defects. Each

school should be visited at least twice a term and short informal visits should be encouraged.

At periodic medical inspection in 1957, 123,487 children were found to require treatment for defective vision, excluding squint. The number of entrants recorded as requiring treatment increased from 9,287 in 1951 to 12, 989 in 1957. Defective vision is the commonest defect found as a result of periodic medical inspection, and is in the vast majority of cases found by the school nurse. She spends a considerable amount of her time testing vision; the importance to the child of an accurate vision test cannot be over-estimated. Educational progress cannot be satisfactory if a child is allowed to go for years with an uncorrected visual defect. In extreme cases it has even been thought that a child was incapable of receiving education at school.

It follows that it is of supreme importance to test the vision of all school entrants as soon as possible. It is regrettable that there are still some areas where this is not done, but their number is, fortunately, diminishing.

As a general rule the vision testing of entrants is undertaken by school nurses. Occasionally the school medical officers undertake it, leaving the school nurses to deal with the older age groups. Frequently a member of the M.O.H.'s clerical staff is given instruction in the method and technique of testing and in such cases has been found to do the job efficiently. In some areas nursing assistants have been entrusted with the work.

Granted that it is essential to test the vision of entrants as soon as possible, and preferably towards the end of their first term at school, how frequently should vision be tested throughout the child's school life? The importance of detecting a visual defect at the earliest possible moment has caused many principal school medical officers to arrange schemes whereby the vision of all school children in their area is tested at frequent intervals, sometimes annually or every other year. It is well known that myopia can be quite sudden in onset during adolescence, especially in grammar school pupils, and annual vision testing in grammar schools appears to be justified.

Defective Hearing

Defective hearing can also prevent a child from obtaining full benefit from education. Throughout the country there has been an increase in the number of local education authorities (now about 70 per cent) making use of audiometry. Pure tone audiometers are replacing gramophone audiometers. All medical officers, health visitors and teachers should be alert to the possibility of a hearing loss.

The greater part of the audiometry undertaken throughout the country is done by the health visitor/school nurses. More use is being made of audiometricians; 26 were employed in 1958.

The first claim to audiometry comes from the many groups of children known to be specially vulnerable. Special referrals, which indicate that parents, teachers, or some member of the school health service has had reason to suspect deafness in a child, bring to notice more hearing defects than do routine audiometric surveys of different age groups.

Groups of children know to be "at risk" include those with any known family history of deafness; whose mother has had rubella or other infections during the first three months of pregnancy; where there is a history of haemorrhage, metabolic disturbances of any kind, or of exposure to X-rays during the first three months of pregnancy; children who were premature, suffered from asphyxia at birth, or subsequent cyanotic attacks, or if the labour was unduly prolonged and difficult; children who suffered from neonatal jaundice or had haemolytic disease of the newborn. In all these cases the child should undergo expert examination and audiometry. It should be possible to exclude deafness from all such causes before the child enters school, or during the earliest days of school life.

Alert Staff

In the case of school entrants staff must be on the look-out for any of the signs or symptoms known to be frequently associated with deafness: failure to speak, speech defects, and in particular speech defects combined with any evidence of maladjustment; children reported to be dull and backward; all educationally sub-normal children; children exhibiting emotional disturbances of any type; those affected with cerebral palsy and with congenital cateracts; children who have suffered from otalgia, otitis media, or continually recurring catarrhal conditions; and those who have had any type of meningitis or encephalitis. All children in these groups must be thoroughly investigated for possible hearing defects.

It is helpful to keep a register of children who have suffered from otitis media at any time. Deafness is often intermittent with such children, so that audiometry may need to be carried out repeatedly.

Only when a local education authority has arranged for all these vulnerable groups of children to be tested should it consider itself free to start routine audiometry on school entrants.

The health problems of today cannot be solved without health education, and the place to start is in the schools. Health education offers another alternative to the proposed dropping of the periodic medical inspection of the intermediate age groups.

The working party set up by the Minister of Health, the Minister of Education and the Secretary of State for Scotland in 1953 "To advise on the proper field of work, the recruitment and training of health visitors in the national health service and school health service" reported in 1956. The report was emphatic that the work of the health visitor should primarily be health education and social advice. It considered that the school health service provided her with an important field for work but that her time was often wasted on tasks not demanding her full skill; her duties should be rearranged to avoid this and other staff engaged if need be.

Only 363 nursing assistants are employed in England

continued on page 86

NYMANS, EAST SUSSEX

Photograph by courtesy of House and Garden

NO LITTER

LITTER is very much a problem these days, when so many of the places open to the public are spoilt by the debris which people leave behind them. It is therefore particularly pleasing to record the contrasting behaviour of visitors to the gardens which are opened for The National Gardens Scheme.

After opening his garden for the Scheme in May, Mr. Beverley Nichols wrote in his newspaper column, "Last Sunday more than a thousand people streamed into my small garden. When at last, somewhat exhausted, I closed the gates I had a very pleasant surprise. Not a flower had been touched; there was not a single cigarette butt on the lawn, nor a single foot-print on any flower bed." Mr. Beverley Nichols is not alone in this experience, for similar reports come from the owners of many gardens up and down the country.

Most of the gardens opened in aid of The National Gardens Scheme are, of course, private gardens; but the Scheme benefits, too, from special openings at certain National Trust gardens, one of which is Nymans in East Sussex, pictured on this page. This is not only a garden of great interest to the specialist, but can be enjoyed as a series of pictures even by those with no knowledge of plants.

BIRTHDAY HONOURS

Our congratulations to the following:

Colonel W. H. Wynne Finch—Knight Batchelor. Lately H.M. Lieutenant of the County of Caernarvon.

Colonel Wynne Finch has regularly opened his gardens to the public through The National Gardens Scheme since 1932.

Major E.A.H. Legge-Bourke—K.B.E., M.P. for the Isle of Ely since 1945, for political and public services.

Major Legge-Bourke is a member of the Parliamentary sub-committee of the Queen's Institute.

Mr. L. E. D. Bevan—C.B.E., chairman of the Board of Governors of St. Peter's, St. Paul's and St. Philip's Hospital, London.

Mr. Bevan is an honorary treasurer of the Queen's Institute. He is also a member of its council, investment and finance sub-committees, being a former chairman of the latter. For many years Mr. Bevan has been closely concerned with the long service fund; he takes a keen interest in the welfare of the elderly, retired nurses.

Miss D. A. Boucher—M.B.E., district nurse/midwife, Cradley, near Malvern.

Miss M. A. H. King—M.B.E., domiciliary midwife Smethwick.

VOTING RESULTS

Miss L. J. Gray, general superintendent of the Queen's Institute, **Miss J. M. Young**, county nursing officer of Pembrokeshire, and **Mrs. A. A. Woodman** have been elected as members of the council of the Royal College of Nursing.

These results of the election which took place in the spring were announced at the annual meeting on 23rd June, when it was also announced that members of the College had decided that membership should be open to men and women holding the qualification of S.R.N., R.M.N., R.M.D.N., R.S.C.N. or R.F.N. The approval of the Privy Council is being sought.

Miss L. J. Gray has also been elected to serve on the council of the Royal College of Midwives.

Miss Lucy Jones, superintendent of district nurses, Lancashire County Council, has been elected to represent Manchester regional hospital area on the General Nursing Council for England and Wales.

School Health Service

continued from page 84

and Wales. They can relieve the health visitor of many of the less skilled of her present duties. In many areas health visitors are taking classes, especially in parentcraft and homecraft. Health visitors are the natural link between home and school. Both school medical officers and health visitors should be active in parent-teacher associations. They should give advice to parents, teachers and children on personal and environmental health. Greater attention must be paid to mental health.

A school medical officer should spend more time in the school, visiting regularly. He should take an active part in its life and work and be well known to teachers and children. A didactic, formal method of giving information is usually ineffective in health education in schools; group discussion, with the pupils actively participating, is preferable. Some school medical officers arrange free periods in schools when it is known that they are free for adolescents to bring problems to them.

Periodic meetings are necessary between school health service and teaching staffs to discuss arrangements for health education. The co-operation of parents is essential and attendance at parent-teacher associations will help to secure this.

There is wide scope for further health education in schools: unsuitable premises and inadequate sanitary arrangements; noise as a factor in the production of fatigue both in pupils and teachers; reduction of accidents in the home, at school and on the road; elementary instruction in first aid; prevention of infectious diseases, diphtheria immunisation, B.C.G. and poliomyelitis vaccination; sex education, where parents and teachers consider it desirable; smoking and its risks; the use of leisure.

School health service staff should be available to lecture at training colleges. No student should leave college without being fully aware of the aims and scope of the service.

School health service staff must themselves keep up to date. Periodic meetings of staff for discussion and for exchange of ideas are valuable. Appropriate literature and periodicals should be circulated to school medical officers and health visitors and be available for reference.

Obituary

Miss Margaret Prytherch

IT is with regret that we record the death on 13th May of one of the oldest Queen's nurses, Miss Margaret Prytherch, at the age of ninety.

Miss Prytherch was known to many nurses as county superintendent of Anglesey, a post which she had held for thirty-four years when she retired in 1948. Her appointment in 1914 was as superintendent of the then North Wales Nursing Association, which included work in Caernarvonshire, Merionethshire and Flintshire as well as Anglesey.

It is interesting to note that Miss Prytherch spent exactly two years in 1894-96 at the Brownlow Hill Infirmary, Liverpool, taking general training, and followed this with five months at Leeds as a "Queen's Probationer." She was enrolled as a Queen's nurse on 1st January 1897.

Miss Prytherch worked as a district nurse in South Wales, Carlisle and East Sussex. Between these posts she undertook private nursing in Cairo for nearly two years and spent eighteen months at the English Hospital in Las Palmas.

H.V.P. writes:

Miss Prytherch was a wonderful character, and was proud of her nurses, both Queen's and non-Queen's. Having worked for her as a Queen's nurse for ten years and followed her as county superintendent of Anglesey, I got to know her well. She demanded the best from her nurses, but was always true and loyal to them. Many of her staff, who have long since retired, were at the funeral service to pay their last respects.

The Queen's Roll Examination

TWO hundred and twenty one candidates sat the written part of the examination for the Queen's Roll in May 1960. Seven reached credit standard, ten failed to satisfy the examiners, and the remainder passed the examination.

As a general criticism, the two outstanding factors were the many answers which were not set out clearly and, as always, the time-wasting practice of copying out each question.

Question 1

This question was answered well by some candidates. Not all showed how good relationships with family doctors and public health and social workers could help to improve patient care; and that the work also becomes more interesting where the nurse has a greater knowledge of the patient's medical condition, treatment and social background. Nor was it mentioned that district management is made easier if all workers co-operate as a team.

The majority of answers advocated introduction to the family doctor, but little thought was given to the initial approaches to colleagues in public health and social work. These relationships are perhaps the most difficult, as many workers do not appreciate their own limitations and the part others can play.

It is important to realise what help a social worker can give, not only through official channels but also by virtue of her personal wisdom and experience.

A wise nurse will make an appointment to introduce herself, so that the initial meeting can take place at a mutually convenient time and place. A chat over a cup of tea may prove more helpful than a formal introduction during a busy working session.

Question 2

The examiners commented that some candidates did not read the question carefully and attempted to answer three parts instead of two, thus wasting valuable time.

Question 2 (a)

Many candidates thought only of accommodation provided by local authorities under Part III of the National Assistance Act 1948, and overlooked the voluntary organisations which provide homes for the elderly. These include various religious organisations, charitable trusts, homes for the relatives of men who served in the armed forces, and those provided by private enterprise.

There appeared to be little realisation of the various types of accommodation available. These may vary from alms houses or flatlets where residents are independent within their own homes and may have their own furniture, to the boarding house type of dwelling where furniture and full board are provided.

Few answers made any reference to payment made by the old people for the accommodation.

The supervision of residents should have been mentioned. This varies from help from other residents to a full-time warden.

Question 2 (b)

Not many candidates tackled this part of the question.

Occupational therapy may be divided into two types: (i) diversional therapy, which is valuable as an interest for a patient whose normal activity is grossly curtailed; and (ii) rehabilitation with a specific therapeutic value, e.g. the exercise of a hemiplegic leg by working a treadle machine.

Much occupational therapy is initiated by a therapist from a hospital department. The National Assistance Act provides for outwork including teaching, help with provision of raw materials, and marketing. This service is used for the blind and other substantially handicapped people including mental defectives who cease to be eligible to attend an occupation centre.

Under the care and after-care section of the National Health Service Act 1946, provision is made for diversional therapy, e.g. correspondence classes for tuberculous patients.

Question 2 (c)

Most candidates knew something of the work of the Women's Voluntary Service for Civil Defence, which was started as a war-time organisation to help with relief in bombed areas. The work has continued to expand, and its volunteer members undertake social work which varies from area to area.

The work includes: meals-on-wheels for the housebound; visiting the housebound; distribution of clothing to the

THE QUESTIONS

Time allowed for examination: *Three hours. Important*—**two** *questions only to be answered in Part I and* **four** *in Part II*

PART I

Two questions only to be answered from this section

1. Why do you consider it important to your work to establish good relationships with family doctors, public health workers and social welfare workers? How would you make the initial approach to them when taking up a new district nursing post?
2. Write notes on two of the following:
   (a) Homes for the elderly; (b) Occupational therapy in the home; (c) The Women's Voluntary Service.
3. Discuss the statutory and voluntary help which is available for patients with long term illness who are being nursed at home.

PART II

Four questions only to be answered from this section

4. You have been asked to supervise a child of six years of age with diabetes whose mother has been taught to give him insulin. What advice would you give:
   (a) to enable the child to live a normal life, (b) on the importance of urine testing, (c) on the care of equipment?
5. You are asked to attend a patient with advanced carcinoma, who has had radiotherapy. What special points would you look for when nursing the patient? How would you help him and his relatives and what advice would you give?
6. You are giving weekly injections of mersalyl to a man of forty-six years with cardiac failure. What physical signs and symptoms should you note at each visit, and what social problems may arise?
7. You are attending a patient suffering from rheumatoid arthritis who has been cared for by a sister for a number of years. What would make you suspect that the sister is becoming mentally ill? How would you deal with this problem?
8. What points should a non-resident district nurse observe in her daily routine to ensure that she maintains a well-balanced diet and a healthy way of living?

poor and destitute; distribution of welfare foods; other help at child welfare centres; meeting and transporting children across large towns; arranging and giving one-in-five talks; clubs for army apprentices; mobile libraries in hospitals; old people's clubs; holidays for handicapped people; help for the families of those in prison, and for prisoners when discharged.

There seems to be no end to the resourcefulness of members of the W.V.S. on all occasions; they are always ready to help in times of national and local disaster.

Question 3

Some candidates were not clear as to which services were statutory and which were voluntary.

The statutory help which is available for patients with long term illness being nursed at home includes the services provided under the National Health Service Act 1946; national insurance including industrial injuries benefit; national assistance, including financial help and facilities for learning and working at home; registration of the disabled; rehabilitation centres and sheltered workshops (under the direction of the Ministry of Labour) for those who are not housebound; in suitable cases, invalid chairs provided by the Ministry of Pensions.

There are many voluntary agencies which provide different kinds of help, such as the British Council for Rehabilitation, Central Council for the Care of Cripples, National Institute for the Blind, National Institute for the Deaf, British Diabetic Association, Marie Curie Memorial Foundation, British Red Cross Society, Wireless for the Bedridden Society, and W.V.S.

All these organisations give special help to patients with different needs. Other societies which should have been mentioned are the Rotary Clubs and Freemasons, who give help to members and their families.

Another point which few candidates noted is that the meals-on-wheels service may be voluntary or statutory; W.V.S. sometimes run this service for the local authority.

Question 4(a)

Candidates appreciated the importance of treating the child as a normal healthy child, and of helping him to live with his handicap. To further this, the mother should learn:
(1) the need to establish a routine which she and the child can follow consistently, making sure the amount of insulin was always correct and that no forbidden foods are taken;
(2) the importance of maintaining a high standard of general hygiene;
(4) the ways in which the child can contribute to family and school life;
(3) the difference between explaining to the child sufficient about his condition to enable him to co-operate, and discussing his diabetes in front of him;
(5) to teach the child to draw up and give his own injection, occasionally at first, with the object of making him independent;
(6) the importance of informing the child's teacher of his diabetes, giving details of his diet and signs to observe which would indicate that his blood sugar was low. She should be aware of the importance of giving sugar quickly when necessary, for instance after extra exertion;
(7) to encourage her child to meet and get to know other children who have learned to live with this condition, perhaps through the local branch of the British Diabetic Association;
(8) the importance of attending the doctor or clinic regularly.

Question 4(b)

The mother should learn that sugar in the urine indicates too much sugar in the blood. This may be the result of incorrect diet or of sweet-eating. She should realise the need to chart reactions, in order to help the physician know if the child's diabetes is remaining stable. The nurse should stress the need to follow the maker's instructions for urine testing with Clinitest.

Question 4(c)

The mother should understand:
(1) the need to test the needles regularly for sharpness, and how to avoid blunting by preventing the point from knocking against the side of the container;
(2) how to store and sterilise the equipment;
(3) the importance of scrupulous cleanliness of hands when administering the injection.

Question 5

This question was answered by few candidates. Those who attempted it showed a good understanding of the nursing care.

It is important that the patient should be kept ambulant as long as possible and, as far as he is able, should undertake work or occupational therapy, read, make use of the radio and television programmes, and keep up with outside activities in which he was formerly interested. He will enjoy contact with old friends and colleagues.

It will help if he has confidence in those attending him—his doctor, nurse and family.

The nurse should report regularly to the doctor. She should find out from him whether the patient knows the nature of his illness, and she should be aware of the distress of the relatives who know his condition and poor prognosis.

The patient and his family may be helped by various social services which are available for any person with long term illness, and in particular by the Marie Curie Memorial Foundation which makes provision for many comforts for cancer patients, including payment for night nursing when required.

The family may be helped with advice on adequate rest, diet, and maintaining interests outside the home. Ministers of religion often bring comfort.

Relatives also need advice about last offices and who to contact when the patient dies.

Question 6

Most candidates who answered this question knew the importance of noting any untoward symptoms, the rate and volume of the pulse, the amount of urine passed after the previous injection, the amount of oedema present, evidence of non-absorption of the drug or of pain at the site of injection.

Few candidates mentioned taking away a specimen for routine testing for albumen.

The social problems which may arise were not dealt with so well. These include embarrassment due to frequency of micturition and disturbance of the family if there is nocturnal frequency. The patient may not be able to continue his job because it is too heavy, and a lighter one may be difficult to find. Or because of cardiac embarrassment he may find difficulty in travelling to and from work. These factors may lead to his giving up work and becoming housebound, thus bringing financial difficulty which will affect his wife and children.

As he is able to do less, he may become frustrated and resentful of social activities enjoyed by others. He may find it difficult to tolerate noise, with consequent affect on his relationship with his children. He may become afraid of making any effort that causes pain or breathlessness.

The patient may be afraid to die; he may be worried about the affect this will have on his wife and family.

Question 7

This question was well answered by most candidates.

The early symptoms of mental illness were well understood. There was, however, a tendency to call in the family doctor only if the symptoms were progressive and not as soon as they were recognised. The possibility of suicide in patients with depressive illness needs to the understood so that the nurse realises the importance of early treatment.

Question 8

This question was fairly well answered.

Candidates appreciated the need for a well-balanced diet—proteins, fats, carbohydrates and vitamins—although only a few mentioned the types of food which provide these.

Few candidates mentioned the importance of planning work to save time and energy, and to allow time for matters of personal hygiene. They also suggested the importance of the nurse maintaining her interest in outside activities.

No mention was made of changing wet clothes and shoes in bad weather.

Queen's Roll Examination Pass List

The following have been enrolled as Queen's Nurses from 1st June, 1960

Barnsley
Gouldin, Brenda

Birmingham
Aveling, Stella Catherine
Edmonds, Elizabeth
Harrison, Evelyn Phyllis (Mrs.)
Hayes, Margaret Mary
Manning, Margaret Joy (Mrs.)
Mullan, Kathleen
Timms, Margaret Mary
Villanueva, Elizabeth Barbara Felicia
Warnaby, Norah Mary Teresa (Mrs.)

Blackburn
Fielding, Shirley

Bradford
Beard, Emily Rose (Mrs.)
Brearley, Marjorie (Mrs.)
Butterworth, Julia
Tattersall, Mary
Tordoff, Jean

Brighton
Burton, Irene

Bristol
Boulter, Aileen Monica
English, Sylvia Olive (Mrs.)
Morris, Elizabeth Stella
O'Callaghan, Mary
Powell, Margaret Mary
Soltau, Joan Katharine
West, Rosemary

Brixton
Edinboro, Alicia (Mrs.)
Opoku, Theresa

Bury
Davidson, Dorothy (Mrs.)

Camberwell
Caig, Joyce Cameron
Griffin, Marjorie Lilian Ethel

Cardiff
Brock, Joyce Margaret (Mrs.)
Counsell, Angela (Mrs.)
Davies, Jean Elizabeth
Davies, Joan
Jones, Jane Eunice
Lloyd, Bernice Anne

Coventry
Humphreys, Diane Isobel

Croydon
Brammer, Gloria Linett
Brown, Yvonne Jacqueline

East London
Chinn, Carmen Lily
Edwards, Hannah Lucille
Hill, Gwendoline Victoria
McFarland, Rebecca Jane
Miller, Josephine
Whesu, Esther Anike (Mrs.)

Essex County
Bedingham, Marie (Mrs.)
Gibbs, Margaret Ann
Headlam, Alice Sylvina
Howland, Joyce Audrey
Hurst, Winifred Allen
Irving, Enid Lynette
Kildare, Mavis Eliza
Lovell, Joan Ellen (Mrs.)
Mills, Kathleen Lilian
Reeve, Patricia (Mrs.)
Richards, Ruth Amy
Roberts, Hannah Fenella Olabumi K.

Gloucester
Cooke, Enid Elizabeth
Cryer, Anne
Eagles, Rosemary
Lewis, Mair
Rea, Kathleen (Mrs.)

Halifax
Goldrick, Mary Margaret
Janse, Catharina
Raynor, Maggie (Mrs.)

Kensington
Dawkins, Vernie Imogene
Hodson, Lillie
Onyeaghala, Rose Onyenwego
Payne, Doris Jean

Lancashire
Beere, Gertrude Norah (Mrs.)
Bishop, Leotitia Catherine (Mrs.)
Holden, Edith Alice (Mrs.)
Ledson, Mildred Gladys Ellen (Mrs.)
Lindop, Joan Margaret
Marr, Irene May (Mrs.)
Oliver, Bridget (Mrs.)
Peet, Marion (Mrs.)
Postlethwaite, Greta (Mrs.)
Preston, Mary
Richardson, Dorothy Ursula (Mrs.)

Liverpool
Barrigan, Edith
Coates, Valerie Frances
Fairclough, Norma (Mrs.)
Gibson, Gwyneth (Mrs.)
Gordon, Joan Elizabeth
Hazlett, Mary (Mrs.)
Jones, Kitty
Kelly, Eveline (Mrs.)
Magraw, Edna (Mrs.)
Owen, Janice Anne
Sims, Marjorie
Willis, Edith Marion
Wilson, Eloise Eugenie

Metropolitan
Blandford, Jean Patricia (Mrs.)
Martin, Audrey
Murphy, Norma Elaine

Middlesborough
Miles, Beatrice Marion
Toyn, Olwyne (Mrs.)

North London
Burdass, Mavis
Chirnside, Maud Davidson Airlie
Reece, Sheila Elaine
Richards, Catherine Kenneth Ina

Nottingham
Corry, Jane
Ryan, Margaret Mary

Oxford
Bunton, Audrey Mavis
Burrows, Ann Elizabeth
Robertson, Nellie Louisa (Mrs.)
Thomas, Marion
Walker, Helen Yvonne

Paddington
Rogers, Elizabeth Mary

Plymouth
Barham, Doris Violet
Brown, Miriam Ruth
Burton, Miriam
Coomber, Margaret Anne
Dungey, Jean Powell
Dungey, Joyce Kathleen Martin
Kenyon, Isabella Mary
Madge, Mary Florence Christine
Wakeham, Gloria Mabel Anne
Whitton, Minnie (Mrs.)

Portsmouth (Hilsea)
Parmiter, Anne Veronica
Purvis, Hazel Ann

Portsmouth (Southsea)
Abbott, Shirley
Baumfeld, Irmtraut-Helga
Byatt, Joy
Cooper, Phyllis May
James, Margaret Doris Isabella
Paffett, Maurice Charles (Mr.)
Pound, Norma Blodwen Harries

Reading
Hudd, Marjorie Elizabeth
Stockdale, Sheila Mary

Rotherham
Page, Mary Kate (Mrs.)
Price, Doreen

St. Olave's
Douglas, Beryl
Martins, Josephine Bola

Salford
Prendergast, Anthony (Mr.)

Sheffield (Johnson Memorial)
Carrigan, Beatrice Ann
Cleaver, Audrey (Mrs.)
Etherington, Marion Lesley (Mrs.)
Gabbott, Margaret Isabella Hamilton (Mrs.)
Gabbott, William (Mr.)
Garwood, Ellen (Mrs.)
Goldthorpe, Doreen
Lacey, Joyce Mary Noel
Timm, Margaret Evelyn (Mrs.)

South London
Cox, Eileen Amy Jane
Jones, Teresa (Mrs.)
Sprosen, Sheila Catherine (Mrs.)

Surbiton
Gilbert-Avis, Barbara (Mrs.)

continued on page 39

Pass List

continued from page 89

Watford
Chalkley, Elizabeth Mary
Duffield, Hetty Elaine
Kerins, Mary Margaret
Napier, Agnes May
Riley, Olwen Maud (Mrs.)
Wallis, Mary (Mrs.)
Wedge, Shirley Anne Elizabeth
Westminster and Chelsea
Antonevics, Janis (Mr.)
Henderson, Prudence Mary
James, Margaret Elizabeth Jane
Jenkins, Agnes Margaret Elizabeth
Johns, Lillian
Terblanche, Wilhelmina Gertruida
Woolwich
Bevan, John Edward (Mr.)
McDonald, Anne Gertrude (Mrs.)
Paterson, Marjorie Naidu
Steele, Brenda
Worcester
Preece, Georgina Avice
Ayr
Good, Mary
Ritchie, Margaret Mary
Edinburgh
Boyd, Amy Gertrude Barclay
Brazier, Heather Macdonald
Brown, Janet Allan Turner
Combe, Elizabeth
Gentle, Sheila Arnould
Harvey, Shirley Christine
Keir, Christina MacDonald
Lunn, Margaret
McAleer, Mary Matilda Angela
McHardy, Annie Helen
McLean, Catherine
Mason, Catherine Joan Young
Moar, Margaret Flora Jean
Morrison, Annie Bethune
Muir, Irene Elizabeth
Urquhart, Elizabeth Jean
Webster, Robina Kettles
Yeoman, Grace Helen
Glasgow
Campbell, Irene
Cormack, Ruth Lorimer
Douglas, Grizell Haddow
Hinshelwood (Mrs.)
Lamont, Christine Mary
Mackay, Annie McJannet
McKenna, Mary Campbell Easton
MacKenzie, Catherine Isabella
Mackenzie, Jessie Campbell
MacLean, Mary Ann
Nicholl, Helen McGowan McCulloch
Rafferty, Lynda
Stewart, Henrietta Forbes (Mrs.)
Thomsen, Edith Luise
Belfast
Canning, Catherine
Davidson, Mary Elizabeth
Hall, Letitia Mary (Mrs.)
Lester, Sarah Vera Jane
Londonderry
Carr, Betty D'Rastricke
Nealon, Mary Ann
Dublin
Clark, Mary
Cotter, Margaret
Moriarty, Hannah
Mulherin, Mary Ann
Wotherspoon, Lily Devlin
From 7th June 1960
Halifax
Bannister, Hubert (Mr.)
From 14th June 1960
Brighton
Osinem, Agnes

Queen's Nurses Personnel Changes

APPOINTMENTS

Superintendents, etc.

Brownhill, G. E., Glos., Asst. Supt.—Keywood, O., Worcester, Supt.—Norman, D., Hastings and St. Leonards, Supt.—Paddon, D. E., Chester, Supt. N.O.

Nurses

Askham, E. M., Cornwall—Baigent, P., Cornwall—Butcher, C., Cumberland—Chiduck, E., Essex—Collin, L. M. F., Londonderry—Dale, B. E. L., W. Sussex—Dooley, M., Warcs.—Dunn, N.D., Plymouth—Forster, B. M., Oxon.—Grayling, E. J., Glos.—Jolley, L. A., Surrey—Jones, D., Fulham—MacFarlane, M. F., Lancs.—O'Brien, R., Lancs.—Pidgeon, M. M. Cornwall—Povey, N., Hants.—Rhodes, S., Cheshire—Robertshaw, B. B., Yorks. W.R.—Rothwell, E., Surrey—Smith, F. M., Essex—Spencer, Mr. G. H., Middlesex—Walls, D. S., Lady Rayleigh Training Home—West, M. L., Yorks. W.R.—Wilson, W. M. B., E. Sussex.

LEAVE OF ABSENCE

Brice, M. E., H.V. trg.—Hobbiss, E. R., H.V.trg.—Lamb, R., Midwifery trg.—Lambert, G., H.V. trg.

REJOINERS

Cousins, Mrs. A. M., Hants—Grubb, A. M., Warcs.—Mearman, I. P., Brighton—Rufus, M., N. London—Siddall, P. M., Lancs.

RESIGNATIONS

Allison, K. J., E. London, work in New Zealand—Ashby, Mrs. M., Birmingham, personal—Bader, S., Bucks., personal—Bentley, C. P., Middx. Area 9, retirement—Bessey, J. E., St. Helens, other work—Boreham, I. J., Bucks., personal—Burton, Mrs. M. M., Yorks. W.R., personal—Carr, A. J., Halifax, other work—Carr, F. M., Bolton, personal—Chapman, M. M., Hants., personal—Coe, E., Herts., work in Canada—Collins, M., Kensington, personal—Crickmore, N. A. M., Dorset, retirement—Davies, P. E., W. Sussex, personal—Ewart, E., Belfast, personal—Exell, D., Essex, personal—Fielding, J., Middx. Area 9, H.V. trg.—Finnegan, M., Kent, retirement—Gamble, F. E., Yorks. W.R., other work—Groves, R. L., Herts., personal—Hall, J. Southport, personal—Hammond, Mr. R. E., Worcs., other work—Higgins, J. E., Northants., other work—Hole, E. J., Hastings and St. Leonards, personal—Jordon, L., Liverpool, personal—Kearney, S. B.,, Plymouth, personal—Kelly, Mr. P., Birmingham, other work—Lee, D. M., Berks., other work—Lowe, M., Hants., personal—McLintock, M., Fulham, other work—Nichol, Mr. A. T., Sunderland, other work—Norris, M., Belfast, other work—Parkin, L. A., Leicester, other work—Quinn, G. J., Isle of Man, retirement—Raine, Mrs. C., Sunderland, personal—Rees, S., Cardiff, midwifery trg.—Roe, J. I., Leicester, personal—Ross, A. M., Londonderry, other work—Smyth, E. C., Reading, personal—Stevenson, Mrs. M. E., Yorks., other work—Tanner, M. M., Bucks., retirement—Unsworth, J. A., Bradford, personal—Wakefield, E., Bucks., retirement—Wass, D. O., Beds., other work—Webb, I. K., Berks., other work—Whiting, B. A., Devon, personal.

SCOTTISH BRANCH
APPOINTMENTS

Nurses

Campbell, A., Carloway—Campbell, Mrs. S. G., Whithorn—Combe, E., Lossiemouth—Gentle, S. A., Armadale—Gillanders, A., Balfron—Harvey, S.C., Peterhead—Haselup, F. D., Strathdon—McAleer, M. M. A., Greenock—MacLean, C. M., St. Martins—McLean, C., Saltcoats—Mason, C. J. Y., Creich and Kincardine—Muir, I. E., Edinburgh—Yeoman, G. H., Edinburgh.

RESIGNATIONS

Batty, E. W., Lanark, marriage—Clark, E. J., Glasgow (Govan), work abroad—Hudson, Mrs. E., Glasgow (Strathbungo), other work—Kemmit, Mrs. M., Glasgow (Bath Street), health—McArthur, M. A., Glasgow (Govan), work abroad—MacConnachie, M., Glasgow (Strathbungo), other work—MacKenzie, M. M., Glasgow (Anniesland), other work—MacKinnon, F. M., Glasgow (Strathbungo), other work—Macleod, I. K., Kildonan and Loth, marriage—MacLeod, M. M., Glasgow (Strathbungo), other work—Paterson, M. F., Aberdeen, marriage—Shutt, G. E., late of Duns, other work—Toland, A., late of Clydebank, health—Wakefield, Mrs. E., Edinburgh, home reasons—Young, J. C., Perthshire, home reasons

DISTRICT NURSE IS MAYOR

Photograph by courtesy of Islington Gazette

Mrs. Catherine Griffiths, the newly elected Mayor of Finsbury, is a district nurse on the staff of the North London District Nursing Association.

Mrs. Griffiths, who took her Queen's training in Birmingham in 1934, has been with the North London D.N.A. since 1948.

CLASSIFIED ADVERTISEMENTS

Advertisements for this section can be received up to first post on the 2nd of the month for publication on the 10th. They should be sent direct to: District Nursing, 57 Lower Belgrave Street, London, S.W.1. Telephone Sloane 0355.
Rates: Displayed Setting: 17s. 6d. per single column inch: £2 per double column inch. Personal, 2½d. per word (minimum 12 words, 2s. 6d.): all other sections, 3d. per word (minimum, 12 words 3s.). Ruled border 5s. extra

---

WARWICKSHIRE COUNTY COUNCIL
Applications are invited for the undermentioned vacancies. Where house or other accommodation available, this can be either furnished or unfurnished. Consideration will be given to the granting of financial assistance towards removal expenses, and for driving tuition. Motorists can receive allowance for own car or car will be provided.

District Nurses, District Midwives, District Nurse/Midwives

Area 2—**Atherstone, Polesworth, Dordon** and **district** (urban and rural)—two district nurse/midwives or one district nurse and one midwife, motorists, flat.
Bedworth (urban)—district midwives, motorists, part house.
Bulkington (urban and rural) district nurse midwife, motorist, house, easy access to Coventry, Nuneaton and Leicester.
Area 3—**Rugby** (town)—district midwife, motorist, modern flat.
Castle Bromwich—(urban)—district midwife, motorist, modern flat.

District Nurse Midwives/Health Visitors

Area 3—**Birdingbury** (rural)—two required, motorists, adjoining modern flats or share one.
Area 6—**Fenny Compton** (rural)—one required, motorist, part house.

Health Visitors

Area 2—**Bedworth** (urban)—two required—motorists, part house.
Nuneaton (town)—two required—motorists, accommodation.
Area **4—Kingsbury and district** (rural) one required—motorist, modern flat.
Area 5—**Solihull** (town)—two required—motorists, accommodation.

Application forms and full particulars may be obtained from the Area Medical Officer as follows:
Area 2—Health Dept., Council House, Nuneaton. Area 3—Health Dept., Albert House, Albert Street, Rugby. Area 4—Health Dept., Park Road, Coleshill, Birmingham. Area 5—Health Dept., 69 New Road, Solihull. Area 6—Health Dept., 38 Holly Walk, Leamington Spa.
The Council is a member of the Queen's Institute of District Nursing.
Shire Hall, Warwick
June, 1960
L. EDGAR STEPHENS, Clerk of the Council

WESTMORLAND COUNTY COUNCIL
NURSING SERVICES

Burneside—2 miles from Kendal. Nurse required for combined home nursing, midwifery and health visiting duties. House, furnished or unfurnished, and car provided.
Apply to County Medical Officer, County Hall, Kendal.

SOUTH SHIELDS

Queen's Nurse or **S.R.N.** with a view to taking Queen's Training wanted for General work only.
Apply Superintendent, District Nurses' Home, 5 Westoe Village, S. Shields.

SOMERSET COUNTY COUNCIL
(Midwifery and Nursing Services)

Assistant County Nursing Officer (North Western area of Somerset).
Applicants must be experienced Queen's nurse midwives and must possess the Health Visitor's certificate. Previous experience in whole-time health visiting, supervision of premature infants and administration desirable. Applicants must be car drivers. Travelling paid on the Council's scale at present in force. Salary £835×30 to £985 p.a. in accordance with Whitley Council scales. Appointment is superannuable and subject to medical examination.
Health Visitor—Keynsham (near Bath). Combined maternity and child welfare work. Fastly developing new area.
Combined Posts—S.R.N., S.C.M., H.V. (Queen's Nurses preferred) or willing to train. Motorists or willing to learn, financial help given with driving tuition. Cars available if required.
Highbridge—Adjacent to Burnham-on-Sea. Double district. Compact small house available, furnished or unfurnished.
Peasedown St. John—near lovely City of Bath. Double district. Small fully furnished house.
Wraxall—near Bristol. Single district. House being built, furnished or unfurnished.
Hallatrow—Single district. Furnished bungalow.
Batheaston—adjoining Bath. Single district in group of four nurses. House available.
Nurse Midwives required. S.R.N., S.C.M. preferably with district training.
Yeovil—Two required. Comfortable nurses' home, resident or non-resident.
For further particulars apply to: County Medical Officer of Health, County Hall, Taunton.

CUMBERLAND COUNTY COUNCIL
(*Affiliated to the Queen's Institute of District Nursing*)

Health Visitors for West Cumberland

(a) **Workington**—One required.
(b) **Whitehaven**—One required. Combined duties.
(c) **Cleator Moor**—One required. Combined duties.
District Nurse/Midwife/Health Visitor for Greystoke (Ullswater area)—Furnished cottage available.
District Nurse for Workington—Two required. General nursing only, district training an advantage.
District Nurse/Midwife for Penrith—District training an advantage.
Cars will be provided for all the above appointments.
Queen's District Training—Applications are invited from Nurses S.R.N., S.C.M., wishing to work as district nurse/midwives in Cumberland. Arrangements can be made for them to take four months training at an approved Queen's Nurses' Training Home.
Application forms obtainable from the County Medical Officer, 11 Portland Square, Carlisle.

HEREFORDSHIRE
COUNTY COUNCIL
Training Scholarships

Scholarships are offered at recognised training centres for:
Combined Health Visitor/District Training—For S.R.N., S.C.M.
Generalised duties, home nursing, midwifery and health visiting to follow. Grant during Health Visitor's training of 75% of minimum of Health Visitor's salary scale plus tuition and examination fees. Candidates required to serve in the County for two years on completion of training.
District Training—For S.R.N., S.C.M.
Combined home nursing/midwifery duties fo tollow for twelve months on completion of training.

Appointments

Applications are invited for the following appointments:—
District Nurse/Midwife/Health Visitor (preferably with Queen's and H.V. Certificate or willing to train).
Brimfield, Salop border. House, furnished or unfurnished.
Holmer I, outskirts Hereford. Flat, furnished or unfurnished.
Holmer II, between Hereford and Leominster. Flat, furnished or unfurnished.
Ocle Pychard, between Hereford and Bromyard. Double district—would suit two friends; normally off duty together. New detached house, furnished or unfurnished.
Pontrilas, Monmouthshire border. New house in course of erection.
Candidates for these appointments should be motorists—car provided or allowance for own car.
District Nurse/Midwife (preferably Queen's Nurse or willing to train).
Leomister—New house in course of erection. Motorist.
Hereford—Double district, would suit friends; normally off duty together. Motorists or cyclists. House, furnished or unfurnished.
Application forms and terms of scholarships and appointments may be obtained from the County Medical Officer, 35 Bridge Street, Hereford.

COUNTY OF RADNOR
Appointment of Health Visitor

Applications are invited for the above appointment from nurses holding the Health Visitors Certificate. This is a new appointment—due to re-organisation.
Salary in accordance with approved scales.
Apply: Miss E. J. Bell-Currie, Superintendent Nursing Officer, County Hall, Llandrindod Wells.

READING QUEEN'S DISTRICT NURSES

Two **Training Midwives** required. Part II Training School. Cars provided or allowance for own cars. Apply: Superintendent, 25, Erleigh Road, Reading.

Other Advertisements on p. 96

COUNTY OF RADNOR

Country Lovers find congenial occupation as District Nurses in beautiful unspoilt Radnorshire on the River Wye.

Applications are invited for **District Nurse/Midwives** at Knighton and at Rhayader where house available. Driving essential. Car supplied or allowance for own car.

Apply: Miss E. J. Bell-Currie, Superintendent Nursing Officer, County Hall, Llandrindod Wells.

WESTMORLAND COUNTY COUNCIL NURSING SERVICES

Arnside—District nurse-midwife-health visitor required for this small coastal holiday resort. Furnished or unfurnished house, and car provided.

Kirkby Stephen—Two nurses required to undertake combined duties of home nursing midwifery and health visiting in this small market town and a surrounding rural area in North Westmorland. Suitable for friends. House and cars provided.

Applications should be made to County Medical Officer, County Hall, Kendal.

CITY OF LIVERPOOL HEALTH DEPARTMENT

Home Nursing Service

Applications are invited for the following appointments (non-resident):

(1) Superintendent in Charge of New Training Centre.

(2) Superintendent in Charge of Non-Training Centre.

Applicants must hold the Queen's Certificate in District Nursing, and should have had experience in Administration. In addition applicants for (1) should have experience in the training of District Nurses.

Salary and conditions of service in accordance with Whitley Council agreement.

Application form, returnable by 25th July 1960, from the Medical Officer of Health, Hatton Garden, Liverpool, 3.

The appointments are superannuable and subject to the Standing Orders of the City Council. Canvassing disqualifies.

J.6253 THOMAS ALKER, Town Clerk

READING QUEEN'S DISTRICT NURSES

Assistant Superintendent required to be in charge of small Home. Midwifery experience essential. Post provides excellent experience in administration. Apply: Superintendent, 25 Erleigh Road, Reading.

CITY OF LIVERPOOL

District Nurse Training

Courses of approved training to qualify for the Queen's Roll and the National Certificate in District Nursing are available to State Registered Nurses on the General Register.

The training is three months for those with S.R.N., S.C.M., or H.V. qualification and four months for S.R.N. only.

Students may be resident or non-resident.

A block system of theoretical training is arranged.

Full details and application form from the Medical Officer of Health, Health Department, Hatton Garden, Liverpool 3, should be returned as soon as possible.

J.6267 THOMAS ALKER, Town Clerk

ESSEX COUNTY COUNCIL WALTHAMSTOW HEALTH AREA

Appointment of Assistant Superintendent, District Nurses' Home

(The Home is approved for the District Training of Queen's Nurses and Pupil Midwives)

Applicants must be State Registered Nurses with District Training and State Certified Midwives. The person appointed may be non-resident if preferred, except when deputising for the Superintendent. Salary and Conditions of Service as recommended by Whitley Council for the Health Service. Appointment subject to superannuation and satisfactory medical examination.

Application forms from Area Medical Officer, Town Hall, Walthamstow, E.17, to be returned as soon as possible.

QUEEN'S INSTITUTE OF DISTRICT NURSING

William Rathbone Staff College

Course in Community Health Administration

Applications are invited from General State Registered Nurses who are (a) district nurses, midwives or health visitors with at least three years' experience in the field; or (b) hospital sisters with at least three years' post-certificate experience who wish to gain a wider knowledge of public health nursing, for the Course in Community Health Administration beginning on 15th September 1960.

Further information and details of available scholarships may be obtained from The Principal, William Rathbone Staff College, 1 Princes Road, Liverpool 8.

QUEEN'S INSTITUTE OF DISTRICT NURSING

Health Visitor Courses, 1960–1961

There are still a few vacancies for the following:

1. Health Visitor Course

Nine months course approved by the Minister of Health to prepare students for the Health Visitors' Examination of the Royal Society of Health.

2. Health Visitor/District Nurse Course

One year's course to prepare students for:

(a) Health Visitors' Examination; and

(b) Queen's Roll Examination in District Nursing.

District Nurse training may be taken either before or after the Health Visitor Course. The Health Visitor Training is held at the Bolton and Brighton Training Centres and courses begin in September, 1960. The District Nurse training is taken at an approved centre.

Further information and details of available bursaries are obtainable from The Education Department, Queen's Institute of District Nursing, 57, Lower Belgrave Street, London, S.W.1.

GLOUCESTER DISTRICT NURSING SOCIETY

Queen's Training Home

Applications are invited for the post of **Assistant Superintendent** to undertake the supervision of the Home Nursing Department, and assist in the training of Student District Nurses. Full details may be obtained from Superintendent, 14 Clarence Street, Gloucester.

COUNTY BOROUGH OF SOUTHEND-ON-SEA

Student Health Visitors

Tuition grant together with a salary of £491 5 0 per annum during training. One year's post-certificate engagement at Whitley Council salary. Free choice of training school. Applications invited for appointment in September next. Applicants must be S.R.N. and C.M.B. (Part 1). Particulars and forms of application from the Medical Officer of Health, Warrior Square, Southend-on-Sea.

ARCHIBALD GLEN, Town Clerk

CITY OF OXFORD DISTRICT NURSING SERVICE

Queen's Training Home

Vacancies for S.R.N.s who are Midwives or Health Visitors for three month District Training. Courses commencing 2nd week in October 1960 and 4th week in January 1961.

Applications to Superintendent, 39–41 Banbury Road, Oxford.

PERSONAL

ASSOCIATION OF DISTRICT NURSES

It is felt that colleagues will wish to show appreciation to Miss A. Black, formerly Education Officer, Q.I.D.N., for her work on behalf of district nurses. Contributions towards a presentation to Mrs. E. M. Waite, 9 Park Avenue, Ramsbottom, nr. Manchester, by 31st July, 1960.

QUEEN'S NURSES' BENEVOLENT FUND

Founded in 1913 *by Queen's Nurses, for Queen's Nurses*

Minimum subscription FIVE SHILLINGS a year.

OBJECT—To assist financially colleagues who have to give up work owing to illness.

APPLICATIONS for financial assistance may be made for a GRANT, after three consecutive subscriptions previous to going off duty owing to an illness of short duration have been paid, and after salary rights have been exhausted. *OR*

AN ANNUITY, after five consecutive subscriptions have been paid up to time of going off duty, when the illness involves resignation from District Nursing, and the applicant is unable to undertake other work.

SUBSCRIPTIONS should be sent to Miss Ivett, St. Anthony's, Marine Hill, Clevedon, Somerset from whom further details can be obtained.

An Annual Report, with a renewal notice, is posted direct to all subscribers each year.

A **holiday** for two or three weeks is offered at Champney House, Pembury Road, Tunbridge Wells, by John E. Champney's Trust. The Home is endowed by the Trust so that the charge is reduced to 4½ guineas a week. Teachers, Nurses, Ministers of Religion, Social Workers and other persons in active life, especially younger people, are invited to apply for particulars to the Warden at the above address.

lursing